

DFMC South Carolina Quality Assurance

2010-2011

EIBI QA

Desk Review Procedures

June 2010

EIBI Review Process Overview

Previous EIBI Review Processes

Previous Onsite Review Cycle:

- Annual Review scheduled within 30 days of the previous year's review
- Delmarva develops Review Report within 30 days and advises the provider & DDSN of its availability on DFMC's Secure Reporting Portal
- Provider develops and submits Plan of Correction within 30 days of reviewing their report
- Delmarva responds to / approves Plan of Correction within 30 days
- Delmarva schedules onsite Follow-up Review to occur six months after Annual Review
- One week prior to scheduled Follow-up Review Delmarva develops a Follow-up Review Preparation Letter specifying documentation required for Follow-up Review
- Onsite Follow-up Review:
 - File Review
 - Discussion:
 - Plan of Correction Recap
 - Overcoming Challenges
 - Trends
- Delmarva develops Follow-up Review Report within 30 days and advises the provider & DDSN of its availability on DFMC's Secure Reporting Portal

EIBI QA Review via DR Process as of 7/1/10

Revised Review Cycle Introducing QA Desk Reviews:

- Delmarva develops the QA DR Notification Letter 12 to 18* months from the previous year's QA Review based on sample provided by SCDDSN. (*Dependent upon previous score threshold) The provider is alerted via phone and follow-up e-mail of the QA Review Notification Letter's availability on DFMC's Secure Reporting Portal
- EIBI provider organization has two weeks to submit requested documents and contact information for phone interviews
- Delmarva conducts desk review and phone interviews and develops QA Review Report within 30 days, then advises the provider & DDSN via e-mail of its availability on DFMC's Secure Reporting Portal
- Provider develops and submits Plan of Correction within 30 days of reviewing their report
- Delmarva responds to / approves Plan of Correction within 30 days

Follow-up Review Protocol:

- When applicable, five & 1/2 months after the QA Review date, Delmarva develops a notification letter specifying the documents to submit for Follow-up Desk Review, uploads the preparation letter to DFMC's Secure Reporting Portal, and alerts the provider
- The provider organization has two weeks to submit requested documents
- Delmarva conducts Desk Review of submitted documents
- Delmarva develops Follow-up Review Report within 30 days and advises the provider & DDSN of its availability on DFMC's Secure Reporting Portal

Notification Letter will include:

- Instructions
- Review Sample with contact information request
- Pertinent Indicators
- Checklist for provider to ensure submission is complete

Conducting the EIBI QA Desk Review

The EIBI QA Desk Review includes three components:

- **Document Review**
Based on sample provided by SCDDSN
- **Phone Interviews**
A minimum of two interviews from the sample;
Conducted according to established interview protocol
- **Report Development**
Including IRR procedures

EIBI QA Desk Review Notification Letter, Submission Guidelines, & Attachments

XXXX XX, 2010

XXXXXX XXXXXXXX
Executive Director
XXXXX County DSN Board
1234 Street Road
City, SC 12345

Period in Review: ____ - ____ - ____ through ____ - ____ - ____

Dear XX. XXXX:

This letter serves as official notice that your organization is scheduled for a Quality Assurance Review to be conducted by Delmarva's reviewers via Desk Review.

Under Guidelines established by the Quality Assurance Review Program in cooperation with the SCDDSN, rather than scheduling an onsite visit to review the status of your organization's compliance with the QA Indicators, EIBI Quality Assurance Reviews will henceforth be conducted via Desk Review.

On the following pages you will find the review sample & request for information, Indicators pertinent to the service you provide, and a checklist to assist you in gathering and submitting documents.

- ❖ **Submit documentation to verify compliance the Administrative and EIBI Indicators (Attached). A checklist has been included for your convenience; however, you'll need to refer to the actual Indicators as your primary compliance tool**
- ❖ **The review sample may include children you no longer serve. Sample criteria mandates that they were served at some point during the period in review**
- ❖ **Please ensure that all items in your submission are clearly marked as to which Indicator they are intended to satisfy. Further submissions will not be requested nor accepted**
- ❖ **A request for "verification" entails all the requirements of the standard/policy**
- ❖ **You need only provide copies of the cover and/or dated pages for the assessments**
- ❖ **If a name in the sample is that of a child never served by your organization, or not served at any time during the period in review, contact us immediately – or the next business day at the latest**

Your Organization's QA Review Submission is to be **postmarked within two weeks of the date of this letter**. You will be advised that your organization's Follow-up Review Report is available on the Portal within 30 days of Delmarva's receipt of your submission.

Important! See submission instructions and guidelines on page 2

Should you have questions regarding this procedure you may contact
Christine Stevenson, QA Manager at 803-551-1051.

Submission Instructions:

- Mail/deliver copies, NOT originals. Documents will not be returned
- Include a copy of the Follow-up File Review Request Letter
- Clearly annotate each individual submission
- Use a form of delivery that can be tracked: return receipt, Fed-Ex, or,
- Hand deliver during regular business hours (we advise calling ahead 803-551-1051)

Delivery address:

Desk Review Coordinator
Delmarva Foundation
250 Berryhill Road
Suite 206
Columbia, SC 29210

Mailing Confidential Documents and Information:

Any confidential information mailed to or from offsite locations must be properly packaged. Envelopes and other containers should consist of materials to discourage breakage and be in sizes and shapes that facilitate mail handling. Packages should be properly sealed with reinforced tape. Packages to be mailed should be double-wrapped and the inner wrapping should identify the material as confidential, the shipper's address, and indicate who is authorized to open the package, if applicable. At a minimum, confidential information should be sent via first class mail, UPS or FedEx.

Alternate Submission Instructions:

! If you choose to submit electronically, HIPAA regulations apply:

- Prepare / scan / attach your clearly annotated submission and upload to your organization's folder on Delmarva's Secure Portal:
<https://portal.dfmc.org/pav/scqarrp/default.aspx>
- Advise Christine Stevenson, QA Manager via e-mail stevensonc@dfmc.org

Format for presenting the sample to the provider and requesting contact information:

Review Sample

Files for the following children chosen at random by SCDDSN for your organization to demonstrate compliance with Standards & Policies via the 2010-2011 Indicators

Please enter the requested information and return a copy of this form with your documentation submission

Child's Name	Person to Contact / Relationship to Child	Phone # Including Area Code	Best Days / Times to Call:
Mary Smith	/		/
John Doe	/		/
Sally Child	/		/
Joe Sibling	/		/

Phone Interviews will be conducted as part of the review process. Interviews will not be factored into the review results other than as a synopsis in the narrative 'Other Information' portion of the report.

Interviews will consist of an inquiry regarding the following subjects:

Scope of Service

Rights & Respect: Knowledge of Due process & Grievance Procedures

Satisfaction with Services

EIBI Submission Checklist

(One copy of this page)

To be used in conjunction with the Administrative & EIBI Indicators

Verifying documentation is to be attached and clearly marked as to which Indicator it is intended to satisfy

Administrative	
A1-03	Memorandum of Agreement
A1-04	Memorandum of Agreement
A1-19	Risk Management Policy and meeting minutes
A1-10	Copy of Policy in lieu of abuse reports
A1-11	Copy of Policy in lieu of CI reports
A1-12	Copy of Policy in lieu of death reports
A1-13	Copy of log, or log format and policy
A1-15	In lieu of an onsite review, submit a copy of your organization's confidentiality policy
A1-18	Verification of compliance for each Consultant, Lead, & Line serving the children in the sample

G10-32 Verification of Initial Approval Process	
Application	
Approval Letter	
Pre-Enrollment Information	
W-9	
Medicaid Enrollment Form	
EIBI Certification Letter	

(A copy of this and the next page for each child in the sample)

Child # _____ Name _____

Attach verification that each staff member working with this child meets the requirements for the position

(Refer to the G10-29, 30, & 31 Indicators for specific details of the requirements)

G10-29	
EIBI Consultant: _____	
False Claims/Whistleblowers (FC&W)*	
Master's Degree	
BCBA Certification	
Experience (1)	
Approval Process	
Or the following along with FC & W*	
BA	
BCABA Certification	
Experience (2)	
Approval Process	
Or the following along with FC & W*	
BA	
Experience (3)	
Approval Process	

G10-30	
Lead: _____	
FC & W*	
BA	
500 hours	
Exception	

G10-31	
Line: _____	
Hire date: _____	
FC & W*	
18 & HS	
Speak/write	
1st Aid: q 3 years	
Current CPR	
Confidentiality etc.	
12 hrs w/3 PDD training	
SLED prior to hire	
Annual:	
DSS Registry	
SLED	
Driver's License	
PPD Test	
5 Annual Training	

Child #____Name_____(Continued)

Attach copies of the monthly and quarterly reports
And dated cover pages for the assessments
(Refer to the G10-33 & 34 Indicators for specific details)

G10-33: Required Data

Enter the date services began for this child_____

Monthly Progress Reports:

Month	

Quarterly Data Reports:

Quarter	

G10-34: Required Evaluations

Semi-Annual ABLLS:

Annual PPVT & Vineland:

PPVT	
Vineland	